

FORM
5

Rev
02/08

State of Colorado Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



DE ET OE ES

Document Number:

400272434

Date Received:

DRILLING COMPLETION REPORT

This form is to be submitted within 30 days of the setting of production casing, the plugging of a dry hole, the deepening or sidetracking of a well, or any time the wellbore configuration is changed. If the well is deepened or sidetracked a new Form 5 is required. If an attempt has been made to complete/produce a well, then the operator shall submit Form 5A (Completed Interval Report.) If the well has been plugged, a form 6 (Well Abandonment Report) is required.

Completion Type Final completion Preliminary completion

1. OGCC Operator Number: 16700 4. Contact Name: Julie Justus
 2. Name of Operator: CHEVRON USA INC Phone: (970) 257-6042
 3. Address: 6001 BOLLINGER CANYON RD Fax: (970) 245-6489
 City: SAN RAMON State: CA Zip: 94583

5. API Number 05-045-16936-00 6. County: GARFIELD
 7. Well Name: SKR Well Number: 598-36-BV-11
 8. Location: QtrQtr: NWSW Section: 36 Township: 5S Range: 98W Meridian: 6
 Footage at surface: Distance: 1366 feet Direction: FSL Distance: 487 feet Direction: FWL
 As Drilled Latitude: 39.566655 As Drilled Longitude: -108.346610

GPS Data:

Data of Measurement: 09/30/2008 PDOP Reading: 2.9 GPS Instrument Operator's Name: Ivan Martin

** If directional footage at Top of Prod. Zone Dist.: 189 feet. Direction: FSL Dist.: 650 feet. Direction: FEL
Sec: 35 Twp: 5S Rng: 98W

** If directional footage at Bottom Hole Dist.: 160 feet. Direction: FSL Dist.: 765 feet. Direction: FEL
Sec: 35 Twp: 5S Rng: 98W

9. Field Name: SKINNER RIDGE 10. Field Number: 77548
11. Federal, Indian or State Lease Number: _____

12. Spud Date: (when the 1st bit hit the dirt) 12/28/2008 13. Date TD: 01/31/2009 14. Date Casing Set or D&A: 02/01/2009

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 7137 TVD** 6668 17 Plug Back Total Depth MD 7107 TVD** 6638

18. Elevations GR 6035 KB 6060 One paper copy of all electric and mud logs must be submitted, along with one digital LAS copy as available.

19. List Electric Logs Run:

CBL

20. Casing, Liner and Cement:

CASING

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status
CONDUCTOR	26	16	36.95	0	78		0	78	CBL
SURF	12+1/4	8+5/8	24	0	1,391	379	0	1,391	CBL
1ST	7+7/8	4+1/2	11.6	0	7,082	1,077	1,391	7,082	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom

Details of work:

21. Formation log intervals and test zones:

FORMATION LOG INTERVALS AND TEST ZONES

FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analyses must be submitted to COGCC)
	Top	Bottom	DST	Cored	
WASATCH	2,163	2,342	<input type="checkbox"/>	<input type="checkbox"/>	
FORT UNION	2,342	3,383	<input type="checkbox"/>	<input type="checkbox"/>	
OHIO CREEK	3,383	3,732	<input type="checkbox"/>	<input type="checkbox"/>	
WILLIAMS FORK	3,732	6,020	<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO COAL	6,020	6,228	<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	6,228	6,377	<input type="checkbox"/>	<input type="checkbox"/>	
COZZETTE	6,377	6,625	<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: Julie Justus

Title: Regulatory Specialist Date: _____ Email: jjustus@chevron.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400272445	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400272444	Directional Survey **	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	DST Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Logs	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<u>Other Attachments</u>			
400272442	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400272443	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)